

MAIL DATE CANCELLED  
APR 24 2002  
PATENT & TRADEMARK OFFICE

APR 25 2002  
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04-26-02

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PART B - FEE(S) TRANSMITTAL

Complete and mail this form together with applicable fee(s), to:

Box ISSUE FEE  
Assistant Commissioner for Patents  
Washington, D.C. 20231

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

04/17/2002

Enrique G. Estevez  
Allen, Dyer Doppelt, Milbrath & Gilchrist, P.A.  
255 South Orange Avenue, Suite 1401  
P. O. Box 3791  
Orlando, FL 32802-3791

Note: The certificate of mailing below can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Certificate of ~~MAILING~~ EXPRESS MAILING

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below. #EV072467203

EDWARD BRADLEY (Depositor's name)  
*[Signature]* (Signature)  
April 25, 2002 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/756,458	01/09/2001	Daniel J. Deutsch	22936	5551

TITLE OF INVENTION: LIGHT FOR VEHICLE WHEELS

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
32	nonprovisional	YES	\$640	\$300	\$940	07/17/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
TSO, LAURA K	2875	362-500000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

ALLEN, DYER, DOPPELT, MILBRATH  
& GILCHRIST, P.A.  
Attorneys At Law  
255 South Orange Avenue, Suite 1401  
P. O. Box 3791  
Orlando, FL 32802-3791

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

THEORY 3, Inc.  
P. O. Box 22623  
Lake Buena Vista, FL 32830

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☐ Publication Fee

☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 01-8484 (enclose an extra copy of this form).

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, United States Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington, D.C. 20231

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04/30/2002 CCHWJ 00000010 09756458

01 FC:242  
02 FC:361  
03 FC:195

640.00 DP  
30.00 DP  
300.00 DP

TRANSMIT THIS FORM WITH FEE(S)

# PG PUBS TRACKING/ROUTING FORM

Pre-grant

## Case Request & Work Assignment

OPR Order Number \_\_\_\_\_

App Serial Number \_\_\_\_\_

Search Assigned to TC

3660

Copying Assigned to TC

2607

Certified Copy Request \_\_\_\_\_

Time/Date Order First Pulled From OEMS

8/26/02

### Retrieval Action by Expanded Paper Matching

Tech Center

3600

Found in Central File Room \_\_\_\_\_

Found Outside of Central File (Indicate Examiner, SPE, Tech, etc., as appropriate)

Office

PUB

Building

CPK 3

Room

907

Time/Date Found

8/30/02

### Copying

Case Disassembled by \_\_\_\_\_

Time/Date \_\_\_\_\_

Case Copied by \_\_\_\_\_

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Case Assembled by \_\_\_\_\_

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Copies and Reassembly Inspected by \_\_\_\_\_

Time/Date \_\_\_\_\_

Attach Copy of Error Sheet if Appropriate

Rework Done by \_\_\_\_\_

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### Production Control

Copying and Reassembly Inspected by \_\_\_\_\_

Rework Requested by \_\_\_\_\_

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Attach Error Sheet if Appropriate

Certified Copy Routing Slip Prepared by \_\_\_\_\_

Packing List/Label/Packing done by \_\_\_\_\_

Packaging Inspected by \_\_\_\_\_

OPR/OEMS Order Request & PALM Print Out & Copy Order Must Remain Attached to This Form

Form is NOT TO BE REMOVED FROM CASE FILE Until Copies Are Made & THEN FORM REMAINS WITH COPIES.

3/20/01

THE DRAWINGS ARE  
FORMAL AND TIMELY

Initials b.c

Date 9/19/02

PTO

Print As  
IS

09756458.010901

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09756458

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	32 minus 20=	* 12
INDEPENDENT CLAIMS	5 minus 3=	* 2
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	355.00
X\$ 9=	1.08
X40=	30
+135=	
TOTAL	543.00

RATE	FEE
BASIC FEE	710.00
X\$18=	
X80=	
+270=	
TOTAL	

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 32	Minus	** 32
	Independent	* 5	Minus	*** 5
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
	Independent	*	Minus	***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
	Independent	*	Minus	***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
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+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
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X80=	
+270=	
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

# CLAIMS ONLY

SERIAL NO.

09756458

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
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TOTAL IND.	5					
TOTAL DEP.	27					
TOTAL CLAIMS	32					

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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS